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SUBJECT: UPDATE ON SNNPR AND OROMIYA REGION DROUGHT

SUMMARY

Begin summary. USAID Office of Foreign Disaster Assistance (USAID/OFDA) staff traveled from March 11 to 18 to Southern Nations Nationalities Peoples Region (SNNPR) and Oromiya regions to monitor OFDA funded CONCERN and International Medical Corps (IMC) programs and assess the current drought condition and impact on the nutrition and health status of the population. The team met with woreda, zonal, and regional government officials and community representatives; attended emergency regional meetings and visited USAID/OFDA funded nutrition programs. The team highlights continuing food and water shortage for both human and animal consumption, precarious nutrition conditions, and severe threat to pastoral livelihoods in pocket areas of these two regions. Assistance to support the Government of Ethiopia's (GoE) efforts to mitigate the negative effects of the drought has commenced but critical gaps remain. There is need to scale up animal nutrition and health programs; water for human and animal consumption; provision of general food ration to targeted affected areas; blanket supplementary feeding to children under five, pregnant and lactating women, and the elderly; as well as support to Ministry of Health (MOH) to handle the increased load of malnourished children through the community-based therapeutic care (CTC) approach such as USAID-supported CONCERN and IMC programs. End Summary.

Introduction

11. From March 11 to 18, 2008, USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) Washington-based public health advisor and Addis-based field monitor staff traveled to SNNPR and Oromiya regions to assess the current drought condition and its impact on the nutrition and health status of the population, and to monitor non-governmental organization (NGO) partners IMC and CONCERN's USAID/OFDA funded nutrition programs. The team with CONCERN and IMC staff met woreda, zonal and regional government officials and community representatives in Gurage, Sidama, Welayta, Dawro, and Gedeo zones in SNNPR Region and Borena zone in Oromiya Region.

12. Currently several rapid health, nutrition, and food security assessments have been conducted in hotspot areas in these two zones. Several nutrition surveys are planned for April. However, timely and appropriate response is needed now and is justified even in the lack of global and severe acute malnutrition (SAM) prevalence data. The current trends seen in the nutritional screenings that have been conducted in recent weeks, coupled with the aggravating factors such as drought, water scarcity, animal deaths, decreased access to food and milk, among others, justify a timely and focused intervention to prevent the loss of life and assets.

Borena Zone, Oromiya Region

13. Zonal authorities and non-governmental organization (NGO) partners conducted a rapid assessment between February 28 and March 10, 2008 in 11 drought affected districts in the zone. The rapid assessment in Yabello, Arero, Teletele, Dillo, Dire, Dhas, Moyale, Miyo Dugda-dawa, Malka-soda and Bulehora districts reveals that the drought situation in Borana Zone has deteriorated resulting in an increased number of population in need of assistance from 88,000 (in January 2008) to 314,407 out of which 19,314 are conflict displaced populations (conflict between two districts for scarce water and pasture resources). The population will need assistance from now to June 2008 even if the Ganna rains begin thereby improving pasture and water availability and increasing milk availability for the affected population. As of March 15, the Ganna rains had not yet started. There is concern that the rains may be delayed and when they do start they will be sporadic and insufficient to regenerate water sources and pasture.

14. Reports provided by the zonal authorities show that cases of livestock death have increased in all the affected districts. To date 17,204 animals have died in the eleven districts since early January 2008. Populations in need of water assistance have increased from 165,492 to 215,640 people. So far only 103,355 people have received one or two rounds of water distribution at a rate of 0.4-1.2 liters per person per day. In addition there is high pressure of human and livestock around water points resulting in very long lines and wait time. According to zonal officials, 10,633 agro pastoralists in Yabello and Taltale districts need seeds for the coming Ganna sowing season since they had a poor harvest and seed stock from last year Ganna and Hagaya season. There is increased charcoal and fire wood production in order to generate additional income. School drop out has increased dramatically and more than 29 schools have been closed in the districts due to lack of water and associated stresses encountered.

15. The zonal agriculture officer stated that the cost of food in the local market has doubled for grain products while the cost of animals has decreased by half in some markets. For example, in Dhaas District, the market price for an ox decreased from 3000 Birr in 2007 to 1500 Birr currently and cows from 1800 Birr to 700 Birr. The cost of maize in Dhaas district increased from 75-100 Birr in 2007 to 240 Birr per 100 kilograms, while in Dire district the price increased from 150 Birr in 2007 to 300 Birr during the same time period.

16. According to zonal health representatives, there will be a measles vaccination campaign in April, 2008 in all districts in the zone. Targeted measles vaccination had taken place in the past month as a response to measles cases in specific peasant

associations. Thirteen emergency drug kits are available in the Zone but the zonal health bureau anticipates the need for more supplies as the water and nutrition situation deteriorates in the next few months.

¶17. The response so far has included food distribution, animal feeding, and water interventions. The Disaster Prevention and Preparedness Commission/Bureau (DPPC) has distributed to date 15,668 quintal of maize and 2,886 quintal of corn soy blend to the 88,000 population in need identified in January 2008. The ration provides some relief, however it is inadequate to meet the needs of the population especially since they are reliant on this food for their survival. Government and NGOs have started providing animal feeds for 12,227 weak and lactating cows and calves in 19 selected sites of Dire, Moyalle, Miyo, Dhas and Arero woredas to preserve the local Borena breed. This may help save the breed but will not save the livelihoods of the population. Additionally, NGO partners are planning to start support to human nutrition intervention through community therapeutic care in most affected districts.

¶18. The team visited two peasant associations in Dire District and observed that women and the elderly looked very thin. Data from an emergency screening conducted by the zonal authorities and NGOs in late February reveals that 288 pregnant and lactating women were malnourished in comparison to 63 from EOS data in December 07. Even though culturally in Borena the children are fed at the expense of other segments in the population, the under fives also are showing an increase trend in malnutrition with 178 screened as malnourished in February 08 versus 62 in December 07. The team observed emaciated livestock (especially cows) at water points as well as on the road. Villagers stated that they had lost numerous animals the night of the team's visit.

SNNPR Region

¶19. The team visited the USAID/OFDA-supported CONCERN program in Sodo and Mareko woredas, and the Butajira hospital and health center in Guraghe zone. In addition, the team visited health facilities in Bolosore woreda that were previously supported by OFDA through IMC, and the currently IMC-supported health facilities in Geddo, and Dawro zones. The team also attended a child survival meeting in Awasa where zonal officials and partner NGOs discussed the current drought situation and identified responses and remaining gaps.

¶10. An inter agency team from NGOs working in SNNPR and the zonal authorities conducted a rapid health, nutrition, and food security assessment in Damot Pulasa, Damot Woyide, and Bolosore woredas in Wolayita zone from March 7 to 12, 2008. The main problems identified in this rapid assessment include lack of pasture and acute water shortage for livestock, population pressure (very highly populated area), water born diseases (diarrheal diseases); absence of the Belg rain, lack of agricultural input and seed for the coming season, high market prices of staple food such as maize and low market price of livestock, high out-migration in search of casual labor to nearby towns and state farms even though the pay for labor has been in a sharp decline. Out of 792 children screened in the three woredas, 74 were moderately malnourished and 53 were severely malnourished.

¶11. Another multi agency rapid health, nutrition, and food security assessment was conducted in Kindo Koyisha woreda in Wolyita Zone from February 7-11, 2008. Out of 376 under five children screened, 28 were acutely malnourished. Access to water in the woreda is getting more difficult with women having to travel longer distances and longer time to fetch water (4-5 hours round trip). The woreda has 23 kebeles with 28,753 safety net beneficiaries, 3,980 of those receive food while the rest receive cash. The situation, though not classified as serious warrants close monitoring. A follow-up visit to Kindo Koyisha the first week of March 2008, reveals market prices for maize increased from 175 Birr to 400 Birr, there is lack of pasture and water for animals with animal emaciation and 375 deaths, 1399 children dropped out of school and the wilting of enset (false banana used for food) and other trees.

OBSERVATION from visit with OFDA-Funded partners

--CONCERN--

¶12. The team visited the USAID/OFDA-supported CONCERN program at Kella, Koshe, Butajira hospital and health center. The health facility in Shashego reported treating 105 malnourished children in March compared to 35 in February. In Mareko woreda the case load increased to 108 SAM cases. The health facility staff are managing the increased case load and requested minimal support to dispatch a mobile outreach team to the 4 peasant associations where they have identified that the malnourished children are coming from.

¶13. The team observed during the visits that there is a very active and dedicated MOH staff with an assigned out patient program (OTP) focal point and all nursing staff involved in the management of SAM.

Most health facilities are reporting regularly to the woredas on the OTP activities. Screening for malnutrition and admission is on a daily basis with weekly follow-up. Some of the health facilities have included OTP services in their annual work plan. This is a very positive outcome and denotes the serious effort the MOH and staff are putting towards the treatment of malnutrition. However, this would not have been possible without CONCERN's support, guidance, and capacity building of the staff at woreda as well as health facility level.

--IMC--

¶14. The visit with IMC provided the team an opportunity to see the outcomes from a handover to the MOH of previously OFDA-funded IMC-supported health facilities as well as facilities under active IMC support. The Dola health post in Bolososore where IMC had provided support in the past continues to function with support from the MOH. Malnutrition screening and treatment is provided with supervision from the woreda health staff. The team also visited Mari health center in Mareka woreda, and the Tercha hospital where IMC is currently supporting the MOH by providing training to staff on the treatment of SAM. The success of the IMC nutrition program can be attributed to IMC's approach of a facilitator and a full partner with the MOH, in addition to a very co-operative and dedicated Zonal and Woreda officials and MOH staff.

¶15. The current drought situation in Dawro Zone, Tocha and Mareka has resulted in increased numbers of beneficiaries accessing OTP, as well as cattle deaths. In Essera woreda there is a serious shortage of water and increased diarrhea cases in addition to cattle deaths. In Wolaitta Zone, Bolosore Woreda has lacked belg rain and is experiencing water shortage, loss of sweet potato and other root crops, and approximately 5,550 students have dropped out of school. Close monitoring is needed in order to assist the MOH in mitigating an increased deterioration in the nutritional situation.

--MOH--

¶16. The MOH, at all levels, spoke highly of the support provided by IMC and CONCERN to the MOH run nutrition interventions. The MOH stated that it is able to deal with the increased load of malnourished children with some continued help by NGOs especially in training of new staff and logistical support. However, if the drought situation deteriorates with further lack of food and water for both humans and animals, the case load of SAMs may reach unmanageable proportions for the MOH. At that time further assistance from partners will be needed such as expanding support to several new woredas.

Constraints facing CONCERN and IMC programs

¶17. The visited MOH-run health facilities supported by IMC and CONCERN are able, to a certain point, to support an increase in the number of children in the OTP. However, their main constraint will be medicines for the treatment of these additional children as well as the need for additional ready to use foods (RUF). This is a problem due to the budgetary constraints at all levels of the health system. Transportation costs for the RUF and additional medicines needed for the treatment of malnourished children, from regional level to zone to woreda to health facility are not part of the health system budget. This creates major problems at the health

facility level when there is a break in the supply of these nutritional products and medicines. NGOs such as IMC and Concern have been filling this budgetary/logistical gap by transporting nutritional products and drugs to health facilities. The problem remains in areas where NGOs are not present.

¶18. Turn over of staff is another major constraint necessitating constant need for training for new staff. USAID/OFDA NGO partners with the MOH have been training all staff at health facilities in the management of severe acute malnutrition in the hopes that some capacity will remain, albeit reduced, when health staff are reassigned or leave their posts.

¶19. Animal health and nutrition are deteriorating despite supplementary animal feeding interventions supported by USAID and other donors. This has a negative impact on the nutrition of children since a major source of food, milk, is now lacking from the diet. Furthermore, the impact of animal deaths will deplete the livelihoods of pastoralist which will prolong the recovery of their herds once the drought is over, meaning that access to milk will be limited, impacting children and pregnant and lactating women and the elderly.

¶20. Agricultural production has been impacted by the lack of rain during the last growing season and the late start of the short rains. Weather predictions for the Region are of below normal rain fall. Currently root crops, which people consume to fill in the hunger gap, have failed in pockets of Oromiya and SNNPR. The cost of food in the local market has doubled for grain products while the cost of animals has decreased by half in some markets. Prices of food commodities on international market have increased, food availability decreased, and the increased cost of transport due to the increase in fuel prices are complicating the issues of relief food. This means fewer people will be assisted for the same or greater cost, which would lead to increased numbers of malnourished populations and overwhelming of the fragile health system that will be required to treat the malnourished.

¶21. Water for both human and animal consumption is becoming scarce. Traditional water systems that used to contain water all year long have been drying up. Provision of water by the government and NGOs has begun in several areas in Oromiya and SNNPR. Lack of water has a critical impact on the health and nutritional status of the population especially children, with cases of diarrheal diseases on the rise.

Recommendations

¶22. In order to save lives and livelihoods, the Government of Ethiopia and the humanitarian community need to support first and foremost adequate and diversified food rations to affected populations for the next three months at a minimum.

¶23. To prevent moderate acute malnutrition, support a three months blanket supplementary ration to children under five, pregnant and lactating women, and the elderly.

¶24. To treat severe acute malnutrition, continue support to the MOH through OFDA-supported CONCERN and IMC programs to solidify the ability of the MOH to deal with malnourished children as part of the health system. Additionally, USAID/OFDA's partners through programs such as GOAL's Rapid Response Program in addition to CONCERN and IMC, are pre-positioned in the affected areas to respond should the health and nutrition situation deteriorate beyond the capacity of the MOH.

¶25. Animal health and nutrition support as well as water interventions for both humans and animals are critical for long term nutritional well being of communities in order to protect productive assets and safeguard lives. These efforts need to be intensified and expanded.

¶26. USAID/OFDA should continue to closely monitor the affected areas, provide as appropriate, and advocate for other donors to provide assistance in a timely manner.

